

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	10/089895					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11		1					61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
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26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31	1						81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	35						TOTAL DEP.						
TOTAL CLAIMS	37						TOTAL CLAIMS						